BEST AVAILABLE CODY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

CLAIMS AS FILED - PART I					(Column 2)			SWALL ENTITY			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS 05			(Column 1)		in the second second			RATE	 FE	e 1		RATE			
TOTAL CLAIMS 25													FE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370	.00	OR	BASIC FEE	740.	20	
TOTAL CHARGEABLE CLAIMS			34 minus 20=		14			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		<u> </u>			X42=			OR	X84≃			
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+140=			OR	+280=			
* If t	he difference i	in column 1 is l	ess than zer	zero, enter "0" in column 2				TOTAL			OR	TOTAL		1	
CLAIMS AS AMENDED - PART II											٠.	OTHER	THAP	V	
(Column 1) (Column 2) (Column 3)								SMALL	ENTI	TY	OR	SMALLE	NTIT	Y	
NT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADI TION FE	VAL	
AMENDMENT	Total _	· -25	Minus	** (2		- ()	1_	X\$ 9=			OR	X\$18=			
REER	Independent	• 1	Minus	***	3	- Ø		X42=		•	OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=			
								TOTAL			┦ .	L	<u></u>	닉	
مام	la las Me							ADDIT. FEE	<u></u>		Jon	ADDIT. FEE	<u> </u>	_	
	01/04	(Column 1)		lumn 2) (Column 3)				AS	<u> </u>	A		- AD			
47 B		REMAINING AFTER	68	PREV	MBER NOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	AD	NAL	
AMENDMENT	Tabal .	AMENDMENT	Minus		D FOR	= Ø	1	Vac				X\$18=	F	-	
Q ESQ	Total Independent	• 23	Minus		<u> 35</u>	= (/	-	X\$ 9=	<u> </u>		OR				
AE		NTATION OF M		PENDEN	3 IT CLAIM			X42=	L		OR	X84=			
ـبـا	FIRST PRESE	TAIVION OL W	OCHI-LE OCI	CITOLI				+140=			OR	+280=			
								TOTAL	}		1	TOYAL			
H	•										OR	ADDIT. FEE	<u> </u>	-4	
_		(Column 1)	.	7	umn 2)	(Column 3	<u>)</u>				_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	initia.	NU PRE\	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	TIO	DI- NAL EE	
200	Total	•	Minus	**		#		X\$ 9=			OR	X\$18=			
B .	Independent	•	Minus	trick		-		X42=			OR	X84=			
	FIRST PRESI	ENTATION OF M	IULTIPLE DE	PENDE	NT CLAIM								-		
	If the anton in each	ımn 1 is jaks then	th atry in coh	ıma 2. wi	tte "O" is co	olumn 3.		+140=	<u>L</u>		OR	+280=	<u> </u>		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT. FEE ADDIT. FEE *** ADDIT. FEE															
	The "Highest Nu	mb r Previously P	nid For" (Total o	r indeper	c is ress if indent) is th	e highest num	ber fo	ound in the ap	propri	iat bo	ok in c	olumn 1.			